

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	OPTICAL SCANNING DEVICE FOR LIQUID BIOLOGICAL SAMPLES, PROCESS OF OPERATION AND COMPUTER PROGRAM FOR A COMPUTER CONNECTED TO SAID DEVICE
Attorney Docket Number::	0510-1086
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: GABRIEL
Middle Name::
Family Name:: GORSKY
City of Residence:: VILLEFRANCHE SUR MER
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: MAISON BLANCHE, MOYENNE CORNICHE

City of Mailing Address:: VILLEFRANCHE SUR MER
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 06230

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARC
Middle Name::
Family Name:: PICHERAL
City of Residence:: NICE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 55 BOULEVARD DU MONT BORON,
LE HAUTES ROCHES
City of Mailing Address:: NICE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 06300

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity
Given Name:: PHILIPPE
Middle Name::
Family Name:: GROSJEAN
City of Residence:: NICE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 17 AVENUE ROMAIN ROLLAND

City of Mailing Address:: NICE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 06100

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::